

Ask, Advise, Refer Notes  
Conference Call 9/1/09

Tobacco is the single greatest cause of disease and premature death in America today.

Slide 1: Tobacco dependence is a chronic disease that often requires repeated interventions and multiple quit attempts.

Note: The cost of tobacco-related death and disease approaches \$96 billion annually in medical expenses and \$97 billion in lost productivity. If tobacco users successfully quit, that would result in both immediate and long-term health improvements. Healthcare professionals have a vital role to play in helping smokers quit.

Slide 2: 70% of smokers say they want to quit.  
90-95% of unaided quit attempts fail.

Note: However, effective treatments exist that can significantly increase rates of long-term abstinence.

Slide 2: Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates.

Slide 3: Research shows that smoking cessation interventions during clinician visits were associated with increased patient satisfaction with their care among those who smoke. Tobacco users expect to be encouraged to quit by health care professionals.

Note: Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction.

Slide 3: Failure to address tobacco use implies that quitting is not important.

Note: It is essential that clinicians and healthcare professionals consistently identify and document tobacco status and treat every tobacco user seen in a healthcare setting.

5A's – Ask, Advise, Assess, Assist, Arrange (Assess, Assist, and Arrange condensed into Refer)

Slide 4: ASK every patient at every visit

ASK current, former and never tobacco users. Also ask what form of tobacco they use, how much and how often. Then DOCUMENT.

Note: Brief tobacco dependence treatment is effective. Health care professionals should offer every patient who uses tobacco at least brief treatments that have been shown to be effective. Individual, group, and telephone counseling are effective and their effectiveness increases with treatment intensity. There are numerous effective medications for tobacco dependence and patients attempting to quit smoking should be encouraged to use them unless medically contraindicated. Counseling and

medications are effective when used by themselves for treating tobacco dependence. However, the combination of counseling and medication is more effective than either alone.

Slide 5: ASK examples:

“Quitting tobacco is the most important thing you can do to protect your health.”

“Congratulations, you have made a wise choice to protect your health.”

“Congratulations on being a non-smoker.”

Note: Repeated assessment is not necessary in the case of the adult who has never used tobacco or has not used tobacco for many years and for whom this information is clearly documented in the medical record.

Slide 6: ADVISE

Strongly urge all tobacco users to quit. Advice should be clear, strong, and personalized.

Examples:

“Have you thought about quitting?”

“Do you want to quit? I can help you.” Let me give you the phone number for the Kentucky Tobacco Quit Line for free counseling. OR Let me send a fax to the Kentucky Tobacco Quit Line to get you started.

“Quit Lines have had proven success in helping people get through the difficult stages of quitting and most people prefer to use them.”

Note: Telephone Quit Line counseling is effective with diverse populations and has a broad reach. Therefore, clinicians and healthcare delivery systems should both ensure patient assess to quit lines and promote quit line use.

Slide 7: REFER

Ask every tobacco user if he/she is willing to quit at this time.

If willing to quit:

1. Set a quit date within the next 2 weeks.
2. Provide a fax referral to the Kentucky Tobacco Quit Line OR
3. Provide information about an upcoming Cooper Clayton class if one is about to start and patients prefers this type of support.
4. Document in patient’s medical record.

If unwilling to quit at this time:

1. Give them a Kentucky Quit Line Rx.
2. Identify reasons to quit in a supportive manner.
3. Build patient’s confidence about quitting.
4. Document in patient’s medical record.

Slide 8: REFER

Examples:

“I know quitting smoking is very difficult. Most people who want to quit are successful. Sometimes it takes more than one try. I know you can do it. Let me refer you to the Kentucky Tobacco Quit Line, they can help you quit.”

“I would like to discuss some health issues and complications that could be due to your smoking.”

Note: Again the key is to use clear, strong, and personalized statements.

Some examples of health issues and complications:

“Quitting smoking may reduce the number of ear infections your child has.”

“Continuing to smoke makes your asthma worse and quitting may dramatically improve your health.”

Slide 9: Online Smoking Cessation Assistance

- Online smoking cessation services are now available for smokers who prefer using computers over telephones.
- Anonymity, flexibility, plus group “chat” support may be appealing for your patients. This is especially beneficial for people who work shifts or who are very busy. They are very appealing to younger people.
- Early studies show promising results.

The web address is [www.becomeanex.org](http://www.becomeanex.org).

Slide 10: Resources

[www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco)

Note: Treating Tobacco Use & Dependence – Clinical Practice Guideline 2008 Update

OR now available

Quick Reference Guide for Clinicians 2008 Update

Note: Although the 5A’s are the gold standard in treating tobacco use, the ASK< ADVISE< REFER (AAR) has proven to be successful. More than one motivational intervention may be required before the tobacco user who is unwilling to quit commits to a quit attempt. It is essential that the patient be provided a follow up and the next visit and additional interventions to motivate and support the decision making process. We have to lead the cheer to encourage and support tobacco users to quit.

“Not since the polio vaccine has this nation had a better opportunity to make a significant impact in public health.” David Satcher, Former US Surgeon General